

## DHS Expected Practices

**Specialty:** Ophthalmology

**Subject:** Hydroxychloroquine (Plaquenil)  
Retinopathy Screening

**Date:** October 15, 2013

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### Purpose:

Practice recommendations regarding retinal screening examinations for patients taking hydroxychloroquine (plaquenil).

### Target Audience:

DHS and Community Partner providers using the eConsult system

### Expected Practice:

In accordance with the American Academy of Ophthalmology guidelines, Los Angeles County DHS recommends retinal screening examinations for chloroquine/hydroxychloroquine (Plaquenil) toxicity for patients who fall into one of the following categories:

- About to start, or has just started, treatment and has not had a baseline retinal examination and 10-2 Humphrey visual field test within 1 year prior;
- Duration of use of Plaquenil is 5 years or greater or cumulative total dose exceeds 1000g (or 460g of chloroquine); and
- High risk for retinal toxicity: significant renal or hepatic functional impairment, pre-existing retinal disease, or is over 60 years of age.

*This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.*

Patients not fulfilling any of the above criteria do not need routine retinal screening for Plaquenil toxicity at this time.

Based on these guidelines, the suggested retinopathy screening schedule is as follows:

- Refer for baseline retinal exam ALL patients starting long-term Plaquenil therapy if they have not had a baseline exam and visual field testing within the last year.
- For patients with normal baseline exams, those not at high risk for retinal toxicity should begin annual retinal screening exams after 5 years of Plaquenil use OR cumulative dose greater than 1000g (460g for chloroquine). Those at high risk for retinal toxicity (as outlined above) may need to begin annual retinal screening exams sooner at the discretion of the eye care provider.
- Patients that experience substantial visual changes such as blind spots in their central vision, night blindness, or color distortion before they are due for a routine retinal screening exam should be referred to Ophthalmology for a diagnostic examination.

If a patient does fall into one of the categories recommended for retinal exam, please provide the following information in the referral to Optometry/Ophthalmology:

- Dose of medication
- Start Date (or planned start date)
- Any high risk characteristics
- Visual Acuity

More information regarding retinal screening for Hydroxychloroquine (Plaquenil) toxicity can be found here:

<http://webeye.ophth.uiowa.edu/eyeforum/cases/139-plaquenil-toxicity.htm>

<http://www.aao.org/publications/eyenet/201105/upload/CUComp-May-2011.pdf>